

During the past two years he has had no sexual appetite, but this is now returning. There is very little impairment of vision and no prominence of the eyeballs, nor irregular or unequal dilatation of the pupils. He says he is slightly deaf in the right ear, but that this has been the case for several years. Memory good. Intelligence not impaired. No disease of any of the thoracic or abdominal viscera. Discharged much relieved, March 13, 1871.

The next case is one in which the symptoms were not nearly so aggravated, and in which, from the similarity it presented to a case reported by Dr. T. Clifford Allbutt, in the *St. George's Hospital Reports*, I was inclined to think there might be syphilitic arteritis. The patient improved very much under the use of iodide of potassium together with a small quantity of the bichloride of mercury, and did not remain long under treatment, but has occasionally presented himself at my office for advice, whenever there is an indication of a relapse, and is always benefited by the medicines above mentioned.

CASE VIII.—Henry B., æt. 25, admitted March 24, 1869; American; formerly an ironmonger, now a horse-dealer. Had a chancre three years ago. No lymphatic adenitis. Had an eruption on his legs about one year after inoculation, which lasted six or eight weeks. About nine months ago he noticed a slowly progressive loss of power on left side. Muscles of affected side are well nourished. Tactile sensibility unaltered. Ulcerations on leg apparently of syphilitic origin.

In conclusion, I will allude to the case of a coloured man in whom there was some reason to believe that epilepsy had been set up in consequence of syphilis, but as there was also a history of sunstroke, and none of secondary symptoms, I have determined not to include his case in this paper. I may add that there was no great improvement after the administration of iodide of potassium for a month.

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ART. VII.—*Pemphigus Produced by the Administration of Iodide of Potassium.* By FREEMAN J. BUMSTEAD, M.D., Clinical Professor of Venereal Diseases at the College of Physicians and Surgeons, New York.

THE following case, the first of the kind I have ever met with, deserves, from its rarity, to be placed on record.

W. F., aged 28, Irish, entered ward 10, Charity Hospital, December 21, 1870. His venereal history, as given by himself, was imperfect. He acknowledged having had gonorrhœa eight years ago, and again six years ago, but denied having had any sores upon the genitals, or any of the ordinary early secondary symptoms of syphilis. Fourteen months ago he began to suffer from "swelling of the feet and pains in the tibiæ, felt

chiefly at night." Last February, ecthymatous ulcerations made their appearance upon the legs, and one was situated over right patella; it was for these that he sought admission to the hospital. The interne of the ward prescribed for him, on December 23, a mixture containing twenty grains of the iodide of potassium, to be taken twice daily.

On the evening of the following day, after having taken only three doses, the patient complained of heat, and a burning sensation in his face and hands, which were observed to be reddened, and the medicine was at once discontinued.

I saw him for the first time on the afternoon of the next day, December 25, and found him in a decidedly cachectic condition, with small purpuric spots thickly covering his feet and the lower portions of his legs. But the eruption to which I desire to call attention, and which had made its appearance since the evening before, was one of very large bullæ, some of them an inch and a half in diameter, situated upon the back of the neck, the forehead, the face, and upon the backs of the hands—in other words, upon those portions of the integument which were exposed to the air. Some of these bullæ were filled with a clear serum, others were turbid, and of a reddish or purplish colour from the admixture of blood, while the skin around them was somewhat reddened and œdematous. In the course of a few days, most of them had become ruptured and were drying and disappearing.

In evidence of the fact that this eruption was produced by the iodide of potassium, the patient reported that on three previous occasions during the last year he had taken the iodide at the recommendation of different physicians, and always with the same unpleasant result. After the disappearance of the eruption he has felt better, and his syphilitic symptoms have improved.

I have since learned from my friend, Prof. B. W. McCready, M.D., that the case was under his care on one of the occasions referred to, that the patient took iodide of potassium, and Prof. McC. describes the ill effects as the same as in this instance.

I have searched in vain for any allusion to a bullar eruption due to iodide of potassium, in most of the works upon the subject within my reach.

Dr. H. E. Fischer, of Vienna, who wrote a special article on the eruptions produced by the iodide of potassium (see *L'Union Médicale*, Jan. 31, 1860, from the *Wien Medicin. Wochenschrift*), does not mention it.

So far as I know, it is only referred to by Boinet (*Iodothérapie*, 2d ed., 1865, p. 68), who states that Cazenave has seen "eruptions of bullæ filled with sero-sanguinolent fluid, which are readily torn, and which may be followed by ulcerations difficult to heal."

In this instance, I suspected that the miliary eruption of purpura which I observed upon the feet and legs, was also due to the iodide, but the patient was confident that it had existed for a long time.